

Behavioral Health Inpatient (Facility) Fee Schedule (Rev 04/2016)

Code	Description	Unit of Service	Physician (MD or DO) Modifiers: AM, AF	APRN or Licensed Clinical Psychologist Modifiers: SA, AH	Licensed Masters-level (Supervisor) Modifiers: HO, AJ, U9, U6	Associate (under Supervision) Modifiers: U4	Physician Assistant (PA) Modifier: U1	Targeted Case Manager	Other Non-Bachelors-level Modifiers: HM, UC
90785	Interactive complexity	Event	\$10.48	\$8.91	\$8.38	\$7.34	\$7.34		-
90791	Psychiatric diagnostic evaluation	Event	\$94.84	\$80.61	\$75.87	\$66.39	\$66.39		-
90792	Psychiatric diagnostic evaluation with medical services	Event	\$102.49	\$75.06	-	-	\$71.74		-
90832	Psychotherapy, 30 minutes with patient and/or family member	30 Minutes	\$46.94	\$39.90	\$37.55	\$32.86	\$32.86		-
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	30 Minutes	\$48.11	\$40.89	-	-	\$33.68		-
90834	Psychotherapy, 45 minutes with patient and/or family member	45 Minutes	\$62.66	\$53.26	\$50.13	\$43.86	\$43.86		-
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	45 Minutes	\$60.71	\$51.60	-	-	\$42.50		-
90837	Psychotherapy, 60 minutes with patient and/or family member	60 Minutes	\$93.67	\$79.62	\$74.94	\$65.57	\$65.57		-
99354***	Prolonged Services (First Hour)	30 - 60 Minutes	\$66.95	\$56.90	\$53.56	\$46.86	\$46.86		
99355****	Prolonged Services (After the first 60 minutes of prolonged services)	15-30 Minutes	\$65.95	\$56.06	\$52.76	\$46.16	\$46.16		
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	60 Minutes	\$80.26	\$68.22	\$64.21	\$56.18	\$56.18		-
90839	Psychotherapy for crisis; first 60 minutes	60 Minutes	\$97.63	\$82.99	\$78.10	\$68.34	\$68.34		-

Behavioral Health Inpatient (Facility) Fee Schedule (Rev 04/2016)

Code	Description	Unit of Service	Physician (MD or DO) Modifiers: AM, AF	APRN or Licensed Clinical Psychologist Modifiers: SA, AH	Licensed Masters-level (Supervisor) Modifiers: HO, AJ, U9, U6	Associate (under Supervision) Modifiers: U4	Physician Assistant (PA) Modifier: U1	Targeted Case Manager	Other Non-Bachelors-level Modifiers: HM, UC
90840	each additional 30 minutes	30 Minutes	\$46.94	\$39.90	\$37.55	\$32.86	\$32.86		-
90845	Psychoanalysis	Event	\$67.22	\$57.14	\$53.78	\$47.05	\$47.05		-
90846	Family psychotherapy	Event	\$75.73	\$64.37	\$60.58	\$53.01	\$53.01		-
90847	Family psychotherapy with patient present	Event	\$78.18	\$66.45	\$62.54	\$54.73	\$54.73		-
90849	Multiple-family group psychotherapy	Event	\$22.10	\$18.79	\$17.68	\$15.47	\$15.47		-
90853	Group psychotherapy (other than of a multiple-family group)	Event	\$18.82	\$16.00	\$15.06	\$13.17	\$13.17		-
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	Event	\$94.05	\$79.94	-	-	\$65.84		-
90870	Electroconvulsive therapy	Event	\$81.87	-	-	-	-		-
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy; 30 minutes	30 Minutes	\$31.67	\$26.92	\$25.34	\$22.17	\$22.17		-
90876	45 minutes		\$49.28	\$41.89	\$39.43	\$34.50	\$34.50		-
90887	Collateral Therapy	Event	\$55.20	\$46.92	\$44.16	\$38.64	\$38.64		
90899	Unlisted psychiatric service or procedure	Event	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		-

Behavioral Health Inpatient (Facility) Fee Schedule (Rev 04/2016)

Code	Description	Unit of Service	Physician (MD or DO) Modifiers: AM, AF	APRN or Licensed Clinical Psychologist Modifiers: SA, AH	Licensed Masters-level (Supervisor) Modifiers: HO, AJ, U9, U6	Associate (under Supervision) Modifiers: U4	Physician Assistant (PA) Modifier: U1	Targeted Case Manager	Other Non-Bachelors-level Modifiers: HM, UC
96101*	Psychological testing per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	60 Minutes	-	\$49.89	\$46.95	\$41.08	-		-
96102*	Psychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	60 Minutes	-	\$14.54	\$13.68	\$11.97	-		-
96103*	Psychological testing, administered by a computer, with qualified health care professional interpretation and report	60 Minutes	-	\$16.36	\$15.40	\$13.48	-		-
96105	Assessment of aphasia with interpretation and report, per hour	Event	\$72.45	\$61.58	\$57.96	\$50.72	\$50.72		-
96110	Developmental screening, with interpretation and report, per standardized instrument form	Event	\$32.19	\$27.36	\$25.75	\$22.53	\$22.53		-
96111	Developmental testing, with interpretation and report	Event	\$88.11	\$74.89	\$70.49	\$61.68	\$61.68		-
96116	Neurobehavioral status exam, per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	60 Minutes	\$64.24	\$54.60	-	-	-		-
96118**	Neuropsychological testing, per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	60 Minutes	\$58.46	\$49.69	-	-	-		-

Behavioral Health Inpatient (Facility) Fee Schedule (Rev 04/2016)

Code	Description	Unit of Service	Physician (MD or DO) Modifiers: AM, AF	APRN or Licensed Clinical Psychologist Modifiers: SA, AH	Licensed Masters-level (Supervisor) Modifiers: HO, AJ, U9, U6	Associate (under Supervision) Modifiers: U4	Physician Assistant (PA) Modifier: U1	Targeted Case Manager	Other Non-Bachelors-level Modifiers: HM, UC
96119*	Neuropsychological testing, with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	60 Minutes	-	\$14.73	\$13.86	\$12.13	-		-
96120*	Neuropsychological testing, administered by a computer, with qualified health care professional interpretation and report	Event	-	\$15.96	\$15.02	\$13.15	-		-
96125	Standardized cognitive performance testing	60 Minutes	\$80.63	\$68.54	\$64.50	\$56.44	\$56.44		-
96150	Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment	15 Minutes	\$15.52	\$13.19	\$12.42	\$10.86	\$10.86		-
96151	re-assessment	15 Minutes	\$14.98	\$12.73	\$11.98	\$10.49	\$10.49		-
99408	Screening, brief intervention, referral to treatment	15 - 30 Minutes	\$20.00	\$17.00	\$16.00	\$14.00	\$14.00		-
H0001	Alcohol and/or drug assessment	Event	\$86.12	\$73.20	\$68.88	\$60.28	\$60.28		-
H0002	Behavioral health screening	Event	\$86.12	\$73.20	\$68.88	\$60.28	\$60.28		-
H0015 ¹	Alcohol and/or drug services, intensive outpatient program	Per Diem	\$125.00						-
H0018	Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program), Without Room and Board, Per Diem	Per Diem	\$230.00						
H0019	Behavioral Health; Long-Term Residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Per Diem	\$230.00						

Behavioral Health Inpatient (Facility) Fee Schedule (Rev 04/2016)

Code	Description	Unit of Service	Physician (MD or DO) Modifiers: AM, AF	APRN or Licensed Clinical Psychologist Modifiers: SA, AH	Licensed Masters-level (Supervisor) Modifiers: HO, AJ, U9, U6	Associate (under Supervision) Modifiers: U4	Physician Assistant (PA) Modifier: U1	Targeted Case Manager	Other Non-Bachelors-level Modifiers: HM, UC
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Event	\$22.10	\$18.79	\$17.68	\$15.47	\$15.47		
H0031	Mental health assessment by non-physician	Event	-	\$73.20	\$68.88	\$60.28	\$60.28		-
H0032	Mental health service plan development by non-physician	Event	-	\$73.20	\$68.88	\$60.28	\$60.28		-
H0038	Self help/peer services, per 15 minutes	15 Minutes	-	-	-	-	-		\$8.61
H0040	Assertive Community Treatment Program	Monthly	4 person team is \$450.00 per month; 10 person team is \$1,000 per month.						
H2011	Crisis intervention service, per 15 minutes	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		\$8.61
H2012	Behavioral health day treatment, per hour	60 Minutes	\$86.12	\$73.20	\$68.90	\$60.28	\$60.28		\$34.45
H2015	Comprehensive Community Supports, 15 minutes	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		\$8.61
H2019	Therapeutic behavioral health services	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		\$8.61
H2021	Community based wrap around services	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		\$8.61
H2027	Psychoeducational service, per 15 minutes	15 Minutes	\$55.20	\$46.92	\$44.16	\$38.64	\$38.64		
S9480 ¹	Intensive outpatient psychiatric services	Per Diem	\$125.00						-
S9484	Mobile Crisis Service	60 Minutes	\$86.12	\$73.20	\$68.90	\$60.28	\$60.28		\$34.45
S9485	Crisi Intervention Mental Health Service, Per Diem	Per Diem	\$354.00						
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Event	\$86.12	\$73.20	\$68.90	\$60.28	\$60.28		-
T2023	Targeted Case Management for Individuals with SED or SMI; Modifier UA will designate SED population	1 Month						\$334.00	

Behavioral Health Inpatient (Facility) Fee Schedule (Rev 04/2016)

Code	Description	Unit of Service	Physician (MD or DO) Modifiers: AM, AF	APRN or Licensed Clinical Psychologist Modifiers: SA, AH	Licensed Masters-level (Supervisor) Modifiers: HO, AJ, U9, U6	Associate (under Supervision) Modifiers: U4	Physician Assistant (PA) Modifier: U1	Targeted Case Manager	Other Non-Bachelors-level Modifiers: HM, UC
T2023	Targeted Case Management for Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues; Requires modifier TG	1 Month						\$541.00	
T2023	Targeted Case Management for Individuals with Substance Use Disorders; Requires modifier HF	1 Month						\$334.00	

*Limited to LP, LPP, LPA

**Limited to MD/DO/LP

***Must be billed on the same date of service as 90837, limited to one (1) unit per client, per date of service.

****Must be billed on the same date of service as 90837 and 99354, limited to two (2) units per client, per date of service

1. Provider group only; must be billed by provider type 66